



Government
of the
District of Columbia

**DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH ADMINISTRATION
BUREAU OF FOOD, DRUG AND RADIATION PROTECTION
51 N STREET, N.E., ROOM 6025
WASHINGTON, DC 20002**

REGISTRATION OF RADIATION PRODUCING MACHINES

This form properly completed and filed with the Department of Health, Environmental Health Administration, Bureau of Food, Drug and Radiation Protection constitutes an application for registration of radiation producing machines. When certified by the Director, Department of Health or the Director's designee, a registration certification will be sent to the registrant and should be retained on file as verification of registration. The registrant shall notify the Director or the designee within thirty (30) days of any change that renders information inaccurate.

**Please read instructions before completing this form.
Answer applicable questions only. Use additional sheets if necessary.**

I. RESPONSIBLE OPERATOR

- a. Check appropriate box:
[] Physician [] Dentist [] Podiatrist
[] Chiropractor [] Veterinarian [] Other Specify _____
- b. _____
Owner-Name
- c. _____
Address Number Street City State Zip Code
- d. _____
Name of Facility
- e. _____
Address of Facility (Number and Street in D.C. only)
- f. _____
Person Responsible for Radiation Safety

II. RADIATION PRODUCING EQUIPMENT-List Requested Information On Each Machine.

| ROOM | (a) mfr* | MODEL AND/OR SERIAL NUMBER | | (b) Type* | (c) Purpose | Max KVp |
|------|-------------|----------------------------|-----------------|--------------|----------------|------------|
| | | Generator | X-ray tube unit | | | |
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* The following codes should be used in the above table.

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| a. MANUFACTURE 1. General Electric 2. Picker 3. Westinghouse 4. Siemens 5. Other (Specify here) _____ _____ | b. TYPE OF SOURCE 1. Radiographic 2. Fluoroscopic 3. Dental 4. Therapy 5. Photofluorographic 6. Teletherapy (Give isotope) and 7. Other (Specify here) _____ _____ | c. PURPOSE* 1. Human Use-Diagnostic 2. Human Use-Therapeutic 3. Animal use 4. Research-Educational 5. Industrial 6. Not on use 7. Other (Specify here) _____ _____ |
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III. CERTIFICATION - PLEASE SIGN BELOW

(Signature of Owner or Person-in-Charge)

(Printed or Typed Name of Signer)